



CANADIAN KENNEL CLUB OFFICIAL ENTRY FORM (Draft Dog Test)

Name of Club: _____

EVENT INFORMATION

FEES: Entry Fee \$ _____ TCN Fee \$ _____ Total Enclosed \$ _____

LEVEL ENTERED:

DATE (Test 1)	DATE (Test 2)	DATE (Test 3)
☐ Novice Draft Dog ☐ Draft Dog ☐ Draft Dog Excellent ☐ Brace Draft Dog ☐ Brace Draft Dog Excellent	☐ Novice Draft Dog ☐ Draft Dog ☐ Draft Dog Excellent ☐ Brace Draft Dog ☐ Brace Draft Dog Excellent	☐ Novice Draft Dog ☐ Draft Dog ☐ Draft Dog Excellent ☐ Brace Draft Dog ☐ Brace Draft Dog Excellent
Is this for Requalification? ☐ YES ☐ NO	Is this for Requalification? ☐ YES ☐ NO	Is this for Requalification? ☐ YES ☐ NO

DOG INFORMATION

Registered Name of Dog: _____

Breed: _____ Call Name: _____ Male ☐ Female ☐

☐ CKC Registration # ☐ CKC ERN # ☐ CKC PEN #	☐ CKC Miscellaneous # ☐ Temporary Competition Number (TCN) ☐ CCN	Insert Number Here: _____
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dd mm yy
Date of Birth: _____ Place of Birth: ☐ Canada ☐ Elsewhere

Breeder: _____

Sire: _____

Dam: _____

OWNER(S) & AGENT INFORMATION

Registered Owner(s): _____	Membership No. _____
_____	Membership No. _____
_____	Membership No. _____

Handler: _____

Owner's Address: _____

Name of Agent (if any): _____

Agent's Address: _____
Street Address City Prov. Postal Code

I CERTIFY that I am the registered owner(s) of the dog or that I am the authorized agent of the actual owner(s) whose name(s) I have entered above and accept full responsibility for all statements made in this entry. In consideration of the acceptance of this entry, I (we) agree to be bound by the rules and regulations of The Canadian Kennel Club and by any additional rules and regulations appearing in the premium list.

Signature of Owner or Agent

Telephone Number

Email



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